U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

| PLAINTIFF 4.1.1.1 | COURT CASE NUM | |
|---|---|--|
| William Alston | | 168 ERIE |
| Debra Forsyth, et. al | TYPE OF PROCESS | vil Suit |
| NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC. TO SERVE OR DE | | |
| | | O O DE ZE OR CONDEMIN |
| AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) | • | |
| 700 GRANT STREET Suite | 100 Pittsb | urs Po 15210 |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS HELOW | Number of process to be | |
| William AlsTon # 07273-016 | served with this Form 285 | ONE |
| , | Number of parties to be served in this case | |
| FLC PETERSburg (Low) | | SIX |
| PO Box 1000 | Check for service | |
| LPCTERSburg, UA 23804 | on U.S.A. | |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE | RVICE (Include Rusiness and . | Algernate Addresses, |
| All Telephone Numbers, and Estimated Times Available for Service): 4 | | |
| | : | <u></u> |
| | - 1 | }-= |
| | | 25 |
| | -> | - : |
| Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF | TELEPHONE NUMBER | DATE |
| William alston DEFENDANT | Ξ. | 7/14/07 |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NO | T WRITE BELOW | THIS LINE |
| | ized USMS Deputy or Clerk | Date |
| number of process indicated. Origin Serve | | |
| (Sign only for USM 285 if more han one USM 285 is submitted) No. 68 No. 68 No. 68 | | <u> 641</u> 8407 |
| I hereby certify and return that I 🔲 have personally served , 🗀 have legal evidence of service, 💟 have | executed as shown in "Remarks | s*, the process described |
| on the individual, company, corporation, etc., at the address shown above on the on the individual, compa | ny, corporation, etc. shown at th | ne address inserted below. |
| I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named | above (See remarks helene) | _ |
| Name and title of individual served (if not shown above) | | able age and discretion defendant's usual place |
| | of abode | |
| Address (complete only different than shown always) | Date | Time 🔲 am |
| | 73UL 1 1 2007 | ☐ pm |
| | Signature of U.S. M | arshal ar Deputy |
| | JAH T | ميسام |
| Service Fue Total Mileage Charges Forwarding Fee Total Charges Advance Deposits | Amount owed to 125. Marsh [Amount of Refund*) | <u> </u> |
| (C.D) including endeavors) | (Automation Refunder) | |
| 8.00 | X.80 | <u>_</u> |
| Nacht Eart 9846 1435 8300 JUN 28 2007 | | |
| 2007 | | |
| | | |

- PRINT'S COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00

| 2. Aftició NUIDOS 1:05-CVT00168-SJM-SP | A Received by (Please Print Clearly) C. Signature Agent Addressee |
|---|--|
| 01 M 1 4 (M 1990) 1 0 1 1 Mpl 1 1 M 1 L 1 M 1 L 1 M 1 M 2 1 M 1 FM 1 M 1 M 2 M | |
| 7160 3901 9 <u>8</u> 46 1435 8300 | D, Mildelffery address different from item 1? Yes WES, enter dielfwery address below: No |
| 3. Service Type CERTIFIED MAIL | l l |
| Restricted Delivery? (Extra Fee) | 1 |
| Article Addressed to: | <u> </u> |
| dary Seth Buchanas U.S. Attorney 100@Grant Street | |
| Sulta 400 | $\rightarrow p_{\mathcal{O}}$ |
| Piccsburgh, Pa. 15219 | |
| 6-1684,0/P,6/28/07,arb | |
| PS Form 3811, January 2005 | Domestic Return Receipt |